

ILC PROVIDER ANALYSIS & AUDIT WORKSHEET (attach to BCM Vendor Form)

Provider Name: _____

YES	NO
X	
X	
X	
X	
X	
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SUPPORT COORDINATION LIAISON (SCL) - CONTRACTOR WILL PROVIDE SUPPORT COORDINATION LIAISON SERVICES TO INDIVIDUALS WHO QUALIFY FOR THE HOME AND COMMUNITY BASED PHYSICAL DISABILITIES WAIVER SERVICES.

Eligibility and assessment; contacted MONTHLY and face-to-face quarterly

Part II E (p2);G-4 (p7)

Need properly identified

Action Plan - 30 days; annual update with individual (integrated program of therapies, activities, & experiences)

ILC Support Strategy by service - 60 days; annual update with individual

Connected to local resources

PDNS consultation

CONSUMER PREPARATION SERVICES (PAP) - CONTRACTOR WILL PROVIDE CONSUMER PREPARATION SERVICES TO INDIVIDUALS WHO QUALIFY FOR THE HOME AND COMMUNITY BASED PHYSICAL DISABILITIES WAIVER SERVICES. [10 hour/year limit]

Clients are prepared to supervise & direct their personal assistance services

Services MAY include:

Hiring & training personal attendants

Effective communication

Methods of problem solving

ILC DOCUMENTATION:

Internal quality management system; including records protection & retention

Part 1 Sec D-6 (p18-20); Part II (p2-3)

Monitoring the provision & quality of services

Part II Sec E (p6); Part III (Measures & Outcomes)

Health & Safety incident reporting

Part II (p2)

Submission of Annual CPA or Other audit reports

Emergency Management & Business Continuity Plan (& annual training)

Part 1 Sec B-3 (p8)

Non-profit Organization Board & minutes

Part II (p1)

ILC STAFF DOCUMENTATION:

Working knowledge of local support network and coordination skills

Part II Record Keeping (p3)

Monitoring/data gathering of client progress

PDNS consultations

Background in needs of DSPD clients

One-to-one services; face-to-face per contract

Annual BCI & Code of Conduct

Part 1 Sec C-8 (p10)

Annual Training per contract (reviewed with DSPD nurse)

Part 1 Sec D-2 (p18)

Conflict of Interest Disclosure Statement

Part 1 Sec D-9 (p11-17)

Bachelors Degree/comparable experience plus 10 hours annual

Part 1 Sec C (p6)

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	n/a

PAP & SCL SOURCE DOCUMENTATION:

BILLING FORMS - 520 - TIMELY SUBMISSIONS; handwrites

SAMPLE 520's for (2) MONTHS: Aug & Sept

PROPER SIGNATURES

SERVICE CODE

KIND OF UNIT

SERVICE DATES

UNITS

RATE (matches contract); F09 \$13.70 & \$5.47

PAY AMOUNT

ELIGIBILITY

FEDERAL ASSURANCES & STANDARD TERMS

Annual Self Certification signed? (Only required for multi-year contracts)

DHS Required Sample: Conflict on Interest, **DHS/DSPD Code of Conduct current**, Indemnity

Clause Language on the Insurance Endorsement and new coverage limits, Abuse reporting,

Anti-Discrimination, Harrassment & Fraud training, records security & control

VERIFY SAMPLE CLIENTS IN FILE ----->

DOWNLOAD USSDS INFORMATION; compare to 1056

Download DAD IBWS; compare to 1056 Purchase of Service Encumbrance Form

PHYSICAL ACTIVITY LOGS BY 15TH:**MONTHLY LOGS**

EMPLOYEE SIGNATURE

AUTH SUPERVISOR APPROVAL SIGNATURE

CHECK HOURS DETAIL

CHECK FOR PROPER CODING

Progress on Goals & Plans (on monthly progress notes to PDNS)

Provider Annual Self Certification of Federal Assurances and Standard Terms and Conditions (multi-year contracts) NEW CONTRACT

Report ID, # Sampled, Name

Client #1

Client #2

011111111

011111111

Client #3

Client #4

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ILC-Indirect Service/Vendor Contract Review Summary Report FY2009

Division:		<u>Division of Services for People with Disabilities</u>		Review Date: _____	
Reviewer(s): Abee				Provider Staff: _____	
Provider Name:			Provider ID: # _____		
Contract #: A01		From: 10/1/2007		To: 6/30/2010	
Review Location(s): St Office DSPD; Operates in _____					
Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable					
Fiscal Monitoring Plan					
Component	Compliance? (Yes / No / N/A)				Comments
Provider Qualifications					
Provider qualifications (license, experience, etc.)	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
Performance Measures					
				See Attached ==>	
Does the Provider meet the deliverables required in the contract?	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
Fiscal Monitoring					
Billings from providers are itemized in same categories as contracted budget?	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Yes	No	N/A	Major _____	
			X	Significant _____	
				Minor _____	
Federal Assurances and Standard Terms					
Annual self-certification signed? (Only required for multi-year contracts)	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Yes	No	N/A	Major _____	
	X			Significant _____	
				Minor _____	
Compliance with Federal Employment Eligibility Verification (I-9) & BCI, DHS & DSPD Code of Conduct, Indemnity Requirements, Abuse Reporting, Anti Discrimination, Harrassment & Fraud training, records security & control					
Additional Requirements/Major Deliverables					
	Yes	No	N/A	Major _____	
			X	Significant _____	
				Minor _____	
REVIEW SUMMARY:					
ILC Fiscal Compliance is acceptable except for:					

Clair Abee x/xx/2008

Contract Monitor Signature / Date

Contract Monitor Name (Please Print)